MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

			,				CLAIMS								
AS FILED		1st A	AFTER AFTER 1st AMENDMENT 2nd AMENDMENT						* *						
IND.	DEP.	IND.		P. I	ND.	DEP.			IND.	DEP.	IND). D	EP.	IND.	DEP.
\perp		T				•	T	51			1				
	· .							52		1					
	<u> </u>	1	_					53							
	ļ.,	-		_				54							
		4						55							
	 							56		ļ		_			
	17.					ļ	} }	57		<u> </u>	-			·	
	 	+				-	} }	58	ļ	 					
	1	+		 -		 	1	59	 						
	+ (-	60 61							
	1/2	_				 	┥	62			- ,				
	1/2	+	_			 	-	63	 		+				
	1	\dashv	\dashv	- -		 	-	64	├		+	-			
	17/	-				 	1	65	1	-	+				
	17		_			 	┪.	66	╁	+					+
	17	\neg		$\neg \uparrow$		1	1	67	1	-	_	-			+
,							1	68	1		-				1
	\Box]	69							1
	1/						_	70							
1							4	71							
<u> </u>	- - / -						4	72	ļ		_				
			 			-	-	73	-	- 					
 							4	74				. •			
	_				·····	-	-	75	-						<u> </u>
┼──		┿				┪—		76							
 	_	+-				+	\dashv	77	-						
1				 			-	79	 		 -				
 		+			<u> </u>	-	┪	80	┪		\dashv				
1	—	\neg					ㅓ	81	+	 					
1						 		82	 	 	\dashv				
1						1.	┑	83	_		_				
1					· ·		7	84	+					<u> </u>	
							<u> </u>	85	1					T	\neg
								86			\neg				
								87							
								88							
								89							
								90							
ļ								91							
								92							
4								93							
								94							
-							_	95							
4					-	-		96			-			┦—	
+-					-		_	97						1	
+					├-	+-		98							
+-	+-				 	-		10			-			┼	
13	_	-			1					\dashv	_	-	-	+-	
17	+ لې			+	-	 - -¦	1.	TOT). Al				J ↓ ↓ ↓	\vdash	 - ,₽
15	h mi	10724		CA As a com-	<u>sel</u>	PETEN	(AVAIN	TOT DE TOT CLA	P.			1		_	
(<u>s</u>)		100					100	CLA	MS						

MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS